

**Department of Personnel Administration
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: New Social Security Requirement	REFERENCE NUMBER: 2005-001
DATE ISSUED: 01/06/05	SUPERSEDES:

This memorandum should be forwarded to:

**Employee Benefit Officers
Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff**

FROM: Department of Personnel Administration
Benefits Division

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Effective January 1, 2005, the Social Security Administration requires individuals who are offered employment in positions not subject to Social Security coverage to sign a [Statement Concerning Your Employment in a Job Not Covered by Social Security \(Form SSA-1945\)](#) before the employment begins (copy attached). In addition, the hiring department is required to send a copy of the signed form to CalPERS.

To prepare this form for your new employee's signature, use the form attached to this PML (which already has the Employer Name and Employer ID# filled in for you) or click on the link above, which goes directly to the SSA's Form SSA-1945 Web page. If you use the link above, you will need to type "State of California" in the space for Employer Name and "5000" in the space for Employer ID#.

At the top of the form, the employee should **print** his or her name and Social Security number. The employee must sign and date the bottom of the form. Keep the original signed form in the employee's official personnel file. Send a photocopy of the form to:

CalPERS – Form SSA - 1945
P.O. Box 942715
Sacramento, CA 94229-2715

This form applies to individuals hired for positions that are subject to the State Safety, Peace Officer/Firefighter, and Highway Patrol retirement classifications; teachers who become members of the California State Teachers' Retirement System; and other positions not subject to Social Security coverage.

Do **not** provide this form to individuals who are offered employment that is subject to the Part-time, Seasonal, Temporary (PST) Retirement Program. Such employment is expected to be temporary and, therefore, unlikely to result in the benefit limitations expressed in the form.

The purpose of this form is to make individuals aware that accepting employment that is subject to a retirement plan that excludes participation in Social Security could reduce the individual's future Social Security benefits or disqualify the individual from receiving Social Security benefits.

Employees requesting additional information should be directed to the Social Security Administration at 800-772-1213 or at [Form SSA-1945 Web page](#).

/s/ Debbie Endsley

Debbie Endsley, Chief
Benefits Division